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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### HOURL-GLASS CONTRACTIONS OF THE UTERUS DURING LABOR.

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Of Waterloo, New York.

Read before the New York Central Medical Association, in Syracuse, December 21st, 1875.

Occasionally, after labor, owing to some weakening or derangement of innervation, the uterus contracts irregularly, spasmodically, and partially, some fibres contracting while others do not. In true hour-glass contractions, a portion of the fibres around the body of the uterus are thrown into a state of permanent contraction, making the womb very much the shape of an hour-glass, and dividing it into two unequal chambers; in such cases there is nearly always some abnormal adhesion of the placenta. The cause of this adhesion is considered to be the result of some disease of the placenta, or that part of the uterus to which it is attached. As an example, inflammation from local injury, or otherwise, may cause an effusion of lymph, binding the two together. Calcareous and cancerous degeneration of the placenta are said to have produced it.

The treatment of such cases consists in introducing the hand into the uterus, and then gentle yet decided pressure must be made with the fingers, in the shape of a cone, and pushing the hand into the upper chamber, separate the attached portions of the placenta, and bring it out with the hand. And where adhesions and hour-glass contraction are supposed

to be present, it will be well to deliver the placenta as soon as possible after the child is given to the nurse. Then the hand can be introduced into the upper chamber with but little difficulty, and the placenta separated and withdrawn; and the longer we wait, the more difficult it will be to do so.

I have spoken briefly of hour-glass contractions after labor, and will now give you what I consider the diagnosis and proper treatment of hour-glass contractions during labor. That we have hour-glass contractions during labor, cannot well be denied by any experienced accoucheur, though I have never seen or heard of any article written or printed upon this subject.

The symptoms may, for convenience, be divided into three classes, according to the progress in labor.

First. When the labor has really commenced, we find the pains similar to the usual preparatory or dilating pains, but with this difference: they are *more severe*, very little if any progress being made, and there is a sense of decided constriction around the lower part of the abdomen; the pains do not entirely leave the patient, and, after continuing for a time, the patient becomes weary, and is constantly changing position, in order to get in some posture where she may obtain temporary relief, if possible, during the intermission of the regular pain, but without success. This stage of labor is protracted, often lasting one or two days when left to itself.

In the second stage the same symptoms continue. The fetal head having passed the brim of the pelvis (if it be a vertex presentation, and it has been in all cases which I

have witnessed), the pains are usually more severe, and the band or constriction in front and around the uterus continues; the os not much if any dilated, but dilatable, tumefied, and less sensitive than usual, and the foetus does not press against the os even during the pain. This condition of things continues until the foetal head is entirely within the cavity of the pelvis, at which time the external organs become swelled and painful; the os more swelled, and edges uneven; more dilatable; the patient very much exhausted; thirst, dryness of the tongue, and frequently delirium.

The third stage requires no description by me. The longer it continues, the more dangerous to the patient. There are times when it seems that half a dozen good pains would complete the delivery, and they may continue for hours—with but little progress being made—before delivery, which may then be natural or instrumental. I should have stated that the membranes usually rupture early, but the liquor amnii is mostly retained above the constriction, and only a little of it passes at any one time.

The sequelæ of such labors are well known, but the causes have been overlooked. Among the sequelæ are recto- and vesico-vaginal fistulæ, metritis and metro-peritonitis, septicæmia and death.

The pathology is the same as that mentioned in hour-glass contractions after labor; portions of the circular fibres of the uterus contracting, while others do not; holding the foetus as tight as if it were in a vise, in severe cases especially so, when the contractions are around the neck of the child. Though we find them of all grades, from slight to severe.

The diagnosis in slight or mild cases is not always clear, but in the more severe forms one can seldom be mistaken; the prominent points are the sense of constriction felt by the patient in front and around the lower part of the abdomen, which continues after the regular pain has ceased and until it returns; the severity of the pains, and the little they accomplish; in the second stage the os becoming tumefied, dilatable, and the want of decided pressure of the foetus upon it at any time, even during a severe pain, and the labor being protracted.

*Treatment.*—In slight or moderate cases no particular treatment is necessary, but in the more severe forms this abnormal contraction of a portion of the circular fibres should be re-

lieved, and the great question to solve is the specific for doing it.

Morphine, alone, will not do it. Ether and chloroform have alike failed in my hands; they relax the abdominal muscles, but I have observed no beneficial effects on the uterus in the kind of cases we are discussing. But the hypodermic injection of belladonna has, in my hands, in several cases, been followed with very flattering results; but it having failed me on one occasion, I cannot consider it a specific.

A solution of tartrate of antimony, given in  $\frac{1}{2}$  to  $\frac{1}{4}$ -grain doses, and repeated every hour, or oftener, until the patient becomes considerably sick and prostrated, has been used for years, and in many cases with good results; but there are times in which it is contra-indicated, as in the case which I will now report, showing, as it does, a practical illustration of a severe case of hour-glass contractions of the uterus during labor.

*CASE.*—About 5 A. M., September 30th, 1874, I was summoned to attend Mrs. D., who resided two miles in the country, and who, I was informed, had been taken with labor pains some four hours previous, and was then very sick and desired my immediate attendance. Upon my arrival I found my patient, who was a short, stout, well-built woman of German descent, black hair and eyes, in her first labor, pains recurring every three or five minutes, apparently severe, and were becoming still more so. Upon examination I found the os was not dilated or dilatable. Her tongue was coated, and she had been suffering from diarrhœa for three or four days previous, and occasionally vomiting a green, bilious substance. Her time was up and over. I gave her one-half of a grain of morphia, and waited about one and a half hours, at which time she expressed herself as feeling much better, excepting a sensation as if there were a tight band around the lower part of the bowels, which did not seem to ease up. Pains regular. At this time the os remained in the same condition as before. Gave two-thirds of a grain of morphia; prepared a solution of fluid extract of ipecacuanha and belladonna, so that each teaspoonful contained about three drops of each; gave one teaspoonful, and ordered one to be given every hour; requested the patient to lie down and get some sleep, if she could, and I would call again soon after dinner.

Returned at 2 P. M. I was informed that the patient had slept about one hour, but for two

hours previous to my arrival the pains had been severe, and she had been walking the floor most of the time. At this time the os was not dilated, even when there was a pain, but it was dilatable to the size of a silver half dollar or more. Vertex presentation; waited one hour; no particular change. Administered fluid extract of belladonna, ten drops, hypodermically; had the feet soaked; gave some hot drink. Waited one and one-half hours; found no decided change, either in pains, which were very severe, constriction, or progress; pupils only slightly dilated; the os more dilatable and tumefied. At this time the fetal head had nearly passed the brim of the pelvis, but bringing the womb with it. Gave another hypodermic injection of ten drops belladonna. I will here state that the article I was using at that time was not considered to be of official strength; had it been, I should have given at first about six drops, a larger dose than under ordinary circumstances. Waited one hour, and applied extract of belladonna as high up in and on the uterus as possible, and gave, one-half hour afterward, one-third of a grain of morphia hypodermically. Waited one hour or more, but no progress; external organs becoming swelled and painful; pupil well dilated; and after relieving the bladder with the catheter, applied the forceps, but to make any progress toward delivery seemed utterly impossible.

Administered chloric ether to near insensibility, and kept her under its influence about half an hour, but to no advantage; the contractions seemed to hold the fetus as tight as if it were in a vise, and I believed, and do now, that the hour-glass contractions were around the neck of the child; and, from my frequent observations, in this class of cases, that the upright position of the body favored the progress of labor materially, and vice versa, owing to the well-known laws of specific gravity; and thinking, also, that the constriction was less severe when the regular pain was off, I changed the programme, and endeavored to deliver during the intermission of the regular pains, which was successfully accomplished in about three-quarters of an hour.

As soon as possible, the hand was introduced into the uterus for the placenta. I found the uterus contracted in hour-glass style, and it was with difficulty that I was enabled to pass it into the upper chamber. Found the placenta firmly adhered to the right half, extending from the

fundus down to and on the constriction, and it was with considerable difficulty that it was detached and brought out. This was accomplished about twenty-two hours after commencement of labor.

This patient was quite sick for three or four days afterward, but, considering the circumstances, and that she was sick before labor, made a good recovery, and in two weeks was able to walk about the room. The child breathed occasionally for a few minutes, and died. I have forgotten the weight, but think it was about seven and a half to eight pounds.

The diameters of the pelvis were normal. One need but to attend one or two such cases as I have described to fully comprehend the difficulty and danger attending them, and the long and tedious labors which the patient is destined to endure when left to nature alone, frequently lasting two or three days, to say nothing about the after-troubles, which often arise even if the delivery should be accomplished without the use of the forceps.

From the foregoing we may safely draw the following conclusions:—

1. That hour-glass contractions of the uterus during labor are of frequent occurrence.
2. From the symptoms given, the diagnosis is clear, in all cases requiring interference.
3. The upright position of the body (as much as possible) assists materially in the progress of labor.
4. To relieve the abnormal constriction or contraction of the uterus as much as possible, and to deliver with the forceps, as soon as the uterus can be dilated sufficiently to apply them, is the duty of the accoucheur.

## GLIOMA OF RETINA.

BY J. HALE, M. D.,  
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Read before the Kentucky State Medical Society,  
April, 1875.

*Symptoms.*—The symptoms presented by glioma of the retina are generally well marked. In the early stage of the disease the external appearance of the eye is normal, there being no pain or symptom of inflammation. The first symptoms noticed are, loss of sight, more or less dilatation of the pupil, and shining from the bottom of the eye may be seen a bright yellowish-white reflection.

At the outset, the disease is limited to a small portion of the retina, which is opaque, thickened, and slightly mottled in appearance, which gradually increases in extent and prominence until it protrudes, in the form of a yellowish-white mass, into the vitreous humor. On the expanse of the tumor may be seen, with the ophthalmoscope, numerous blood-vessels, which anastomose very freely, and between these vessels are often seen small effusions of blood. Such are the symptoms generally presented by retinal glioma when the surgeon first sees it, for, as it occurs almost exclusively in children, little attention is paid to the condition of the sight, and the affection is unnoticed until the attention of the parents is arrested by the yellow reflex coming from the bottom of the eye. Hence, we seldom enjoy the opportunity of seeing the earliest development of the disease, and of watching its progress.

According to Von Graefe, in the very earliest stage of the disease may be seen numerous small white patches, of varying size, which lie partly behind the retinal vessels, and partly pervade the retina, as far as its inner surface, and give rise, at a very early stage, to a marked elevation. They may be distinguished from inflammatory products of the retina by their sharply defined outlines, their periphery not being broken up into punctated or striated opacities, as occurs in inflammatory products. They are also of a decidedly white tint, whilst the inflammatory infiltration presents a yellowish hue. As the disease advances, these small patches soon coalesce, and increase in size and thickness, and as the advance continues the posterior surface of the retina bulges forward, and gives rise, at a circumscribed spot, to a lobulated growth of the external surface of the retina. The retina is generally partially detached at a very early stage, and the tension of the eye somewhat increased.

When the disease is more advanced, and the whole retina involved in it, the detachment is generally complete, the retina being funnel-shaped, the apex being at the optic nerve, and the base at the ora serrata.

When the growth enlarges still more, the lens and iris are pushed forward toward the cornea, the lens often becoming opaque and partially absorbed. The intra-ocular tension gradually increases, and is generally accompanied by more or less acute inflammatory symptoms, and often very severe pain.

The tension now rapidly increases, the tumor pushes the lens and iris against the posterior surface of the cornea, which, from the increased tension of the globe, suppurates or sloughs, the lens is evacuated, and the fungus protrudes through the opening.

The growth of the tumor now becomes extremely rapid; the glioma soon swells into a large tumor, with a pedunculated base; protrudes from the sclera, between the lids, which are generally swollen and everted. It presents a dusky-red appearance, bleeds easily, and, increasing continually, soon exhausts the patient. According to Wells, Stellwag, and other authorities, glioma does not always run so regular a course. In some cases, after the tumor has attained a certain size within the eye, symptoms of irido-choroiditis supervene, the pupil becomes blocked up with lymph, the eye-tension falls below the normal standard, and the disease for a time assumes the character of an irido-choroiditis, passing on to temporary atrophy of the eyeball; there are, often, very intense paroxysms of pain, the eye itself being but slightly if at all sensitive to the touch.

At a subsequent period, the symptoms of the intra-ocular tumor again manifest themselves in the partially atrophied eyeball, the tension increases, the tumor augments in size, the cornea gives way, and a rapidly increasing morbid growth sprouts forth, presenting all the characteristics of the gliomatous tumor.

*Pathology.*—Most modern pathologists agree as to the origin of glioma. Virchow taught that glioma commenced in the external layers of the retina, more especially the connective tissue elements of the granular layers. According to the observations of Knapp, Hirschberg, Robin and others, it originates most frequently in the inner granular layer. In cases examined by Hirschberg and Robin, they found that the disease commenced in a proliferation of the cells in the inner granular layer of the retina, and, on account of the similarity of the elementary parts of the pseudoplasm, considered the nature of the morbid growth to be a hyperplasia of the granular layers, especially the inner. In a specimen examined by Knapp, *Arch. Ophth. and Otol.*, vol. iv, no. 1, p. 8, he says, "Under the microscope, all the tumors were composed of small round cells, embedded in a scanty matrix, and supplied with many thin-walled blood vessels, the ordinary structure of retinal glioma."



Transverse section through the smallest tumors showed with great distinctness that the pseudo-plasm originated in the inner granular layer."

Wells, "On Diseases of the Eye," p. 373, says: "The principal masses of tumor are composed of aggregations of nuclei and cells. The latter are round or oval, small in size, and occasionally have small prolongations. They are sometimes arranged in rows, and contain one or more nuclei. The free nuclei are small and round, and, according to Virchow, correspond exactly with the little light-refracting nuclei of the granular layer."

According to the observations of Müller and Schultz, two elements are found in the inner granular layer: first, roundish cells, remarkable for their distinct and brilliant outline, large nuclei with nucleoli, and small amount of cell body, giving off a process at either end; second, pale-edged oval nuclei, with large nucleoli.

From the concurrence of opinion, by the authors referred to, on the pathology of glioma, and from the great similarity of the elements of glioma, and the inner granular layer of the retina, I am led to the conclusion that glioma has its origin in the inner granular layer of the retina, and is, perhaps, as suggested by Hirschberg and Robin, a hyperplasia of the elements of that tissue. As this disease advances, the contiguous tissues become involved. It extends from the retina to the parts organically attached to it, and scatters its germs, and extends new foci not directly connected with the primary one. This extension of the disease is in two directions, (1) to the optic nerve, (2) toward the choroid, and, according to Hirschberg, much more frequently in the former direction. Out of eight cases which he reports, the optic nerve was implicated in six, and to a very considerable extent. It extends along the optic nerve to the brain, where secondary tumors are often formed, resulting in death of the patient. In the extension of the disease in the latter direction, the choroid and sclera are pervaded, the gliomatous elements passing out of the globe into the tissues of the orbital cavity, which become infected, and the mass extends rapidly to the contiguous tissues, the whole orbital cavity being filled with the gliomatous mass, pushing the globe forward between the lids.

The question as to the malignancy of glioma is still considered doubtful by some observers. Von Graefe, however, speaks in the most de-

cided manner as to its malignancy, and thinks that this increases with the length of its existence and the increase of its development."

Dr. H. Knapp, of New York, has reported some cases, showing that secondary gliomata may be found in the liver, lungs, brain, diploë, etc., which fact goes far to establish the correctness of Graefe's opinion.

I think there is no doubt of the malignancy of glioma, and fully concur in the opinion of Graefe, that its malignancy increases with its development.

*Causes.*—The causes of glioma are very obscure. In some cases, however, it appears to be due to a traumatic origin; a blow on the eyeball, or an injury of any kind, may cause its development. It occurs almost exclusively in children between two and ten years old, and generally in those of a fair complexion and delicate constitution. In some instances, it appears to be hereditary, and occurs in several members of the same family. Lenche mentions four cases in a family of seven children; Sichel saw it in four children of the same family. These cases were, perhaps, mere coincidences, without any hereditary influence. I am inclined to the opinion that certain peculiar organizations may possess a predisposing cause, but am disposed to discredit the doctrine of hereditary transmission.

*Treatment.*—Glioma has been generally considered by authors equally as intractable as cancer, and even more destructive. External and internal remedies may relieve certain symptoms, and greatly palliate suffering; but they have no effect on the progress or final result of the disease. In the early stage no remedies are required, either general or local. But in the advanced stage, tonics, as bark, iron, arsenic, etc., conjoined with sedatives, may afford some relief from the great prostration, pain, etc., but accomplish nothing more.

The practical question, of most importance, is whether enucleation of the globe is advisable, and at what period should it be done? It is needless for me to quote authorities on the subject, as different opinions have been and are still held by men of high position in the profession, some advising extirpation in all stages of the disease, whilst others oppose it under all circumstances.

I have thoroughly investigated the history of

extirpation in gliomata, or "fungous hematomas," and have come to the conclusion that extirpation is the only remedy that promises any hope of permanent benefit in the disease, and this, to be effective, must be done at the earliest possible period. I have found, in my researches, several cases reported in which extirpation had been done in the early stage of the disease, with permanent results. These cases, however, are not entitled to full credit, as they were operated on before the practical use of the ophthalmoscope and microscope in the diagnosis of the disease, and hence may have been *non-malignant* tumors of the globe.

Some recent cases, however, of undoubted gliomata have been reported by Drs. Williams, of Cincinnati, and Knapp, of New York, in which the results have been very encouraging so far. Still, the lapse of time in these cases has not been sufficient to determine what the final result may be.

If the views advanced in this paper on the pathology of glioma be correct, there is but little doubt of the success of an early enucleation. The operation, however, should be done in the earliest stages of the disease, before there has been an extension of the gliomatous elements to the optic nerve or perversion of the sclera.

The enucleation should be done in the same way as for other affections of the globe, save that the optic nerve should always be divided as far back of the globe as possible. In the advanced stage of glioma I have not been able to find a single case reported in which a recurrence of the disease did not soon take place after the operation, followed by the death of the patient. Still, notwithstanding the unfavorable results of the operation, it is the only means we have of prolonging the life and adding to the comfort of the patient, and should not be withheld in any case. In this stage of the disease the optic nerve is involved, the cornea, or sclera, is pervaded, and the gliomatous elements have passed out of the globe, and the extra-orbital tissues have become infected. The only hope is in removing all of the tissues of the orbital cavity, dividing the optic nerve at its exit from the optic foramen, and plugging the orbital cavity with lint saturated with a solution of chloride of zinc, or some other caustic substance which will effectually destroy whatever may have been left of the soft parts.

## HOSPITAL REPORTS.

### JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROF. GROSS, OF OCTOBER 16, 1875.

REPORTED BY FRANK WOODBURY, M. D.

#### Case of Obscure Affection of the Urinary Bladder.

GENTLEMEN:—The patient presented to you this morning is thirty-six years of age, and is a native of Philadelphia. I saw him for the first time last March, in consultation with Dr. Hearn, under whose care he has been, for an obscure bladder trouble, from which he has suffered for several years. He has been brought here, in order that a careful exploration of the vesical cavity may be made while under the influence of an anæsthetic. It may be that, after all, the difficulty is due to a small calculus that has escaped detection in previous examinations.

The condition of the patient is far from enviable; his water dribbles from him constantly, wetting his clothing, and his bed at night, and giving his person a urinous odor; indeed, were it not for this rubber urinal which he wears through the day to collect the flowing fluid, and which acts as a supplementary bladder, it would be impossible for him to keep himself at all comfortable or clean. The incontinence of urine in this case is not absolute or complete, as sometimes happens, but he can, by voluntary effort, empty the bladder, should an ounce or two of fluid accumulate; although he cannot, by any exercise of the will, control the flow so as to retain his water in the vesical cavity. The principal trouble here, evidently, resides in the sphincter muscle, which permits the renal secretion to pass directly through, without stopping in the cavity where it normally collects. The muscular fibres in the wall of the bladder have, evidently, not entirely lost their power, for he states that he can expel its contents at pleasure.

He is unable to assign any cause for this malady. A temperate man, he has not abused himself sexually or with drink; he has never suffered from retention of urine; he is not conscious of having caught cold just before it appeared, nor is there any history or any scar of an injury to account for it. He has had no headache nor fever, his appetite and digestion are good, and, beyond a slight tendency to constipation, he has nothing but the condition we have under consideration to prevent him from enjoying excellent health. To complete the report, he informs us that he has never been troubled with fissure, hemorrhoids, or other affection of the lower bowel. About three pints of urine are voided in the twenty-four hours, a quantity, therefore, not materially exceeding the normal standard; it is high-colored, but does not produce any scalding, although he thinks it has an offensive odor. No chemical report of the fluid has been made.

Making pressure behind the pubes, with the

hand in the hypogastric region, no evidence of local tenderness is elicited; in this connection it would be proper to state, that he has not, at any time, experienced any pain or spasm in micturition. Oiling a medium-sized sound, and warming it between the fingers, I pass it readily, and without obstruction, through the urethra into the bladder, and then thoroughly explore the cavity, without encountering any foreign substance; the mucous surface is found to be uniformly smooth. He is too young to have any considerable hypertrophy of the prostate, but this point is readily ascertained by oiling the forefinger, and, with a rotary motion, gently introducing it into the bowel; determining the outline of the gland by pressing it against the sound, which still remains in the urethra. This conjoined digital and instrumental manipulation is important; and I wish to impress upon your minds that the examination is not perfect or reliable unless thus made by the finger in the rectum and the instrument in the bladder. It is unusual to find any considerable simple enlargement before fifty years of age; but, consequent upon advancing life, so-called senile hypertrophy of the prostate frequently occurs. In this case I find that no sensible increase is present. True, an inflammatory condition might occur at any age, accompanied by increase in size of the part, from engorgement or plastic deposit; but there is nothing in the history of this case to warrant a suspicion of its existence, even if no examination had been made to demonstrate its absence. He has had a decided weakness and pain in the back, which is increased by stooping or bending forward, ever since the trouble began. It is a point worth noting, that he formerly suffered a great deal from rheumatism, in view of the fact that the wall of the bladder contains muscular tissue, which frequently is the site of rheumatic manifestation. The principal trouble in this case resides in the muscular fibres of the sphincter vesicæ, placed as a guard at the neck of the bladder to prevent the passage of fluid except at certain times, which fail to contract and retain its contents. The muscular coat of the wall of the organ has preserved its contractile power, and, as he has said, he is able to expel fluid, when it has accumulated in the interior, by voluntary effort.

He has taken quinia and strychnia faithfully, without effect, beside other remedies too numerous to mention, and I have come to the conclusion that ordinary treatment here will be of no avail. On the next clinic day, I propose, with his consent, to apply to the neck of the bladder a small quantity of nitrate of silver, by means of the *porte-caustique*. I have no doubt that if a large eschar were made in the small of his back by means of the actual cautery, the issue being kept open for several months and made to yield from three to four ounces of pus daily, it would be of immense advantage to him, and it may yet be resorted to. Douches upon the epigastrium, or the shower-bath, also give good results in some cases.

In all cases of incontinence of urine, if obstinate, inquire into the nature of the exciting cause, scrutinize carefully the symptoms. The bladder may not be originally at fault; the active trouble may reside in some other portion of the economy. If this man had any disorder of the alimentary canal; any disease of the anus or lower bowel, whether malignant in its character, or even of the nature of a polyp, fissure, or simple hemorrhoidal condition of the vessels; or had he suffered from suppression of the function of the skin—in either case the treatment should be applied primarily to the manifest disorder, which may be the exciting cause of the irritation; and should the bladder trouble be sympathetic, it would subside with the disappearance of the other symptoms, without direct treatment.

#### Foreign Body in the Nostril.

This little two-year-old girl has some trouble with her nose. Her mother reports that while she was playing with the foot broken from a small china doll, she pushed it into her nostril. Wishing to remove a bead, bean, grain of corn, or any one of the similar objects that children are apt to place in this situation, the extracting instrument should be passed, not along the floor of the nostril, but obliquely upward on a line parallel with the front of the nose, until it gets beyond the object; then the hand is raised, depressing the hook, and the substance may be easily extruded. This is where a mistake is commonly made by practitioners, who introduce the instrument horizontally, and in endeavoring to pass beyond it, push against the object until it gets out of reach. An ordinary pocket probe can be bent at the end and made to fulfill the purpose, but I am accustomed to use in these cases an instrument made for me by Mr. Gemrig, which is depicted in my book, and which accomplishes the end perfectly.

In the removal of a foreign substance from this situation in a young child, the surgeon should wedge its limbs between his knees and get an assistant to hold the body, so as to obtain perfect control of his little patient. Proceeding as indicated, the mother is found to be correct, and probably for the first time on record we have been called upon to take a baby's foot out of its nose.

#### Chancres with Phimosis.

The first thing that strikes the observer, when looking at this penis, is the enlarged, cedematous, and swollen foreskin, from whose reddened and inflamed border escapes a yellowish discharge.

Manifesting itself in the course of the second week after impure connection, the trouble has been in progress nearly two months, and has been attended with considerable inflammatory action, so that, at one time, for eight days the patient was unable to retract the foreskin over the glans; when he finally succeeded, he discovered a crop of nine sores, one quite large on the frenum, and others, small, situated principally



upon the mucous lining of the prepuce. The disease has progressed, so that now the condition of phimosis has been again produced. He is troubled with erections at night, toward the morning, but they are not attended by much pain. There is no perceptible enlargement of the inguinal glands present in either groin.

These concealed venereal sores belong to the variety known as soft chancre, sometimes termed, by modern syphilographers, chancroid, or chancre-like. There are two species of chancre, the hard or Hunterian, and the soft, the pus from the latter being very inoculable, and, of all others, most liable to infect mucous follicles or abrasions; it is furnished from the sores in considerable quantity, and has more of the appearance of laudable pus than that from the hard chancre, the discharge from which is ichorous, often sanious or bloody, and is small in amount. Were I to take on the point of a bistoury a minute amount of the pus from this young man's foreskin and prick with it the inside of his thigh, or the skin anywhere else upon the body, a sore would rapidly be developed, probably having all the appearances of a hard chancre. This contagious quality of the discharge will explain the reason why the soft variety is frequently multiple; it may be single, and probably is often so at first, but generally, in the course of the disease, several co-exist. They are usually found at the free margin of the prepuce and just behind the corona, often affecting the frenum and destroying it. Chancres also occur on the uterus, vagina, vulva, in the perineum, around the anus, and occasionally on the lip or tongue. Bubo, or enlargement of the glands in the groin, occurring in the course of a chancre, is due to their inoculation with the virus, through the agency of the lymphatic vessels; it may follow either the hard or soft sore, the first being very liable to affect the lymphatics and the general system, while the latter is frequently, but not generally, followed by buboes; this variety of bubo has a special tendency to suppurate, furnishing pus in all respects like that from the original sore. The soft variety of chancre is less likely to infect the system than is the true Hunterian sore, but it is also occasionally followed by constitutional symptoms; of this there is not, to my mind, the slightest doubt in the world.

In the progress of the primary disease the patient is liable to be tormented with erections at night, which sometimes are so painful as to compel him to get out of bed and walk the room, or bathe the organ in cold water. Scalding micturition, also, is a distressing occurrence in cases where the concentrated urine washes the surface of the ulcers. These symptoms are relieved by reducing the violence of the local inflammation, and putting the patient under appropriate general treatment. The mucous surface is here principally involved, and these ulcers should be treated on the same general principles as those occurring anywhere else upon the body.

This man shall provide himself with a tin

cup, which, three or four times in the twenty-four hours, he shall fill with warm water made detergent and astringent by the addition of two drachms of acetate of lead, and in this the penis shall be immersed or fomented for about fifteen minutes on each occasion; he shall also, with a small syringe, inject some of the solution under the prepuce, so as to cleanse and slightly medicate the surface of the chancres and form healthy granulations. In the interim he shall use a solution of one ounce of acetate of lead, and a drachm of opium, to a pint of water, upon a layer of cotton-wadding or several thicknesses of flannel, to be frequently wetted, and renewed as often as soiled, with which to constantly envelope the penis, a piece of oiled silk being wrapped on the outside, to keep the dressing moist. To complete the local treatment, he shall keep the organ elevated, looking toward the navel, on the same principle and for the same reason that a finger with a felon should be held pointing upward, to assist the blood to leave the part by the force of gravitation, because in the dependent position it would naturally become more congested, the morbid process encouraged, and the suffering increased. He must not walk about, but shall lie on a couch through the day, so as to keep perfectly at rest, and his diet shall be restricted; he must abstain from all kinds of animal food whatever.

From what I have said, you know I am no friend to the doctrine of feeding inflammations. If you allow such a patient to eat heartily, you are feeding and increasing the morbid process at the same time. For this cause, unless the patient is otherwise debilitated, I always enjoin abstinence from meat of any kind during the treatment, if the person is in good physical condition. He shall have milk, eggs, a few oysters, or fresh fish, with bread, and a little weak tea occasionally. The phimosis will disappear in the course of the treatment, of its own accord, as the organ returns to its normal size; it would be perfectly easy to slit it up now, but to do so would only expose a fresh surface for infection. These sores are treated on the same principles as simple ulcers anywhere else in the body; we ignore, at present, the idea of any specific character in connection with the disease. I do not give mercury, because I am not certain that this will be followed by constitutional infection. To act gently on the bowels, he shall take half a drachm to a drachm of Rochelle salts, four times a day, to each dose of which shall be added a twelfth of a grain of tartar emetic, and one-tenth of a grain of morphia, which is anodyne and antiphlogistic, and is a modification of the antimonial and saline mixture.

#### Two Tumors of the Eyelid.

You will notice in this man's eyelid a small growth, which he says has been there for five months. It resembles a sebaceous tumor, but I hardly think it is. It is movable, not painful, and is apparently in the substance of the orbicu-



laris muscle. This looks like a cyst, or boil, and is probably a sty, which is merely a boil in this particular situation.

Opened with the bistoury, a quantity of aplastic lymph and disorganised substance is discovered, confirming the diagnosis. This is scraped out, and a cold-water dressing ordered to be applied.

Some children are particularly subject to this peculiar affection, which is supposed to be connected with disorder of the digestive apparatus. In my experience, women are more liable to it than men. Why this should be so, or why some persons never suffer from it at all, I am unable to explain.

In this next case, a little girl five years of age, you notice a tumor of the eyelid different from the preceding one; that originated in inflammation, and was formed by the resulting disorganization of a small portion of cellular tissue, while this has for its starting-point a normal, anatomical element of the skin, the sebaceous follicle. The mother states that the swelling has been there for three years, but in all probability it dates prior to that period and was congenital. Instead of spoiled lymph, I think we will find in this cyst, beside the usual sebaceous substance, some hair coiled up in the interior. This is of frequent occurrence about the forehead in children; it is movable, unaccompanied by pain, and is a variety of sebaceous tumor. In other words, sebaceous cysts, especially in this situation, are sometimes congenital, in which case they always contain hair, which frequently forms quite a tuft in its centre.

There is but one thing to do in the treatment: turn out the contents and enucleate the cyst, making the incision in the direction of the fibres of the orbicular muscle. The only danger after the operation is the occurrence of erysipelas in the wound, which sometimes supervenes despite the greatest precaution. I have known violent erysipelatos inflammation to follow the removal of a sebaceous cyst. I, therefore, impress upon you the necessity of warning your patient of this danger, and of the necessity of keeping quiet and at rest for a few days after any operation, no matter how slight it may be. I remember that, some years ago, an officer of the United States Navy lost his life from erysipelas following a leech bite; and in my own practice a death occurred from the same cause, where leeches had been applied to the side in a case of pleurisy.

#### Recovery from Pyemia following Gunshot Wound of the Hand; Subsequent Partial Amputation.

This young man had the misfortune, last March, to have his left hand injured by the premature discharge of a pistol. The muzzle, at the time of the accident, being pointed at the palm of the hand, the ball passed directly through it, severely lacerating the part. I did not see him until some time afterward, when he was suffering from pyemia; he had then some fifteen abscesses in different parts of his body.

Unable to sleep, and reduced to a skeleton, he appeared, to all who saw him, to be on the verge of the grave. By careful attendance, he slowly got better, with the aid of whisky-punch, quinine, sedatives, and nourishing diet; but he did not entirely recover until after a couple of months' residence at the sea-shore. His general health is now good, and he is stout and hearty; but his wounded hand is still discharging, and requires some attention. There is an opening upon the dorsal surface, corresponding to the position of the second metacarpal bone, and one on the palm, opposite the same bone of the index finger. The hand, in its present condition, is crippled and useless; the uninjured fingers are stiff, from want of use, and inflammatory deposit in the sheaths of the tendons; and at least one of the metacarpal bones is in a carious condition.

After chloroform has been given, I propose to enlarge this wound, and, if the bone of the middle finger is extensively diseased, I will dissect it out. I have examined, several times, carefully, but have been unable to find any wadding in the wound. Great care is necessary in administering this anæsthetic to give it gradually, so as not to excite opposition, for if it is given with the patient struggling, he may easily get an overdose, and you may have serious trouble in consequence. Using the Esmarch bandage as a preliminary step, a free incision in the palm is made; the parts are very much infiltrated, and the metacarpal bone of both the index and middle fingers are found to be so extensively diseased as to require their removal with the corresponding fingers. Having dissected out the carious bones, the stiff fingers next demand attention; and I will take the present opportunity of forcibly flexing and extending them, so as to break up the adhesions. As there is considerable oozing after the removal of the elastic bandage, the wound shall be packed with lint, and the hand and forearm placed on a straight splint. The muscles of the part have lost their color, and become quite pale from infiltration with serum and lymph.

This was about as bad a case of pyemia, to recover, as I ever saw; and in connection with it there is a practical lesson. After a gunshot wound, do not probe too much for the ball, for more mischief may be done by the examination than by the original injury.

[The operation was followed by considerable hemorrhage, probably from a branch of the palmar arch, which was finally checked by Monsel's solution on patent lint. He was presented, November 3d, to the class, with the back of the hand covered by a vesicular eruption. Prof. Gross said: "The patient is exhibited to illustrate a single point of practical importance. The skin of the hand is covered with a herpetic eruption, caused by the continued application of a poultice. This will follow even the mildest agents, such as elm and linseed, but I do not know whether other varieties of poultice occasion it as readily as the latter. It is due to the warmth and moisture, and is accompanied by pain or smarting; this might easily puzzle one

to whom it was unfamiliar. To counteract it, discontinue the poultice, and apply a simple water dressing, or one slightly acidulated by acetate of lead." The patient from this time steadily recovered, and obtained a very useful hand.]

## MEDICAL SOCIETIES.

### SUMMARY OF SOME PAPERS READ BEFORE THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES, AT ITS LAST SESSION, AT HARTFORD, CONNECTICUT.

Reported for the MEDICAL & SURGICAL REPORTER,

BY T. D. CROTHERS, M. D., ALBANY, N. Y.

The annual address by the president, Dr. Joseph Parrish, of Baltimore, was delivered in Platt Hall. After congratulating the association on its past, and referring to the progress of civilization, mention was made of intemperance as a vice, crime, and disease, and the necessity of having asylums for their special treatment, asserting that intemperance was diminishing. More than this, intemperance is evidently diminishing with the advance of the amenities of civilized life. Like other survivals of the ages of animalism, it is gradually disappearing. There are several reasons for this. With the culture of the æsthetic tastes, the love of the refined and beautiful, comes the appreciation of these qualities in each other. Men affiliate and combine on the grounds of a common taste; and as the culture of art and refinement in general advances, vulgarity, lowness, and excess are disallowed, the inferior passions being remanded to their proper places.

Religious obligations and the conventional sentiment of refined society all move side by side with the æsthetic qualities, and men grow into moderation and self-control by the civilizing forces which multiply as we advance.

This is one reason. Another may be found in a wonderful physical fact, which has its basis in the law of heredity, and by which we are enabled to obtain more positive knowledge concerning the disease we are considering, and act with more intelligence toward preventing it. It is known that that form of drunkenness which is commonly called periodical, but more properly paroxysmal, is almost always the result of a peculiar inherited predisposition. I might quote authority upon authority in confirmation of this now generally accepted doctrine; but the quotation already made from Dr. Peddie is typical of medical sentiment generally, and is sufficient. The point to which I wish to call your attention specially is that this form of drunkenness has its period of termination, as well as of recurrence. It either discharges itself, or is deflected from its course into a different mode of manifestation. It has its climacteric period also, and I ask my brethren of the Association to note this period.

In my experience it is somewhere between forty and fifty years of age, and I believe more people recover from this form of inebriety at this period of life than any other. They recover by the discharge or exhaustion of the propensity to drink. If, however, there is simply a deflection of the impulse, they may degenerate into some form of chronic alcoholism, and, in consequence, fail in the offices of pro-geniture, and thus save the future from the degree of blight that might otherwise be inflicted. It may be asked, why has not this law been operative in the past, and why are its effects not visible in the present generation? The answer is, that there can be no doubt we are realizing the effect of it, and that one of the effects is the increase in this particular paroxysmal form of drunkenness. Delirium tremens and mania-a-potu were much more common a generation back than now. Indeed, they may almost be said, at this day, to be rare, in comparison with their former frequency. The tendency to it appears to have deviated into what is now-a-days called dipsomania, and from this deflection there seems to be divergences into the various forms of chronic alcoholism, which, after a while, may so far lose their course and be divested of their characteristics as to be undistinguishable, except in the general features of paralysis, apoplexy, dementia, and so on. I do not know that this feature of the subject has been observed by you, but I cannot but believe there is force in it, and I commend it to you, as at least worthy of thought and investigation. Let me re-state it—dipsomania is a comparatively new form of disease, a deviation from mania-a-potu, taking a more chronic and obstinate form. It has increased and the former diminished. The tendency of dipsomania is to chronic alcoholism, as manifested in permanent lesions of brain and ganglionic structure, and resulting in incurable nervous disorders. The modification of nervous susceptibility in persons inheriting this tendency predisposes them, when under the influence of liquor, to more positive damage, though it may not appear in such acute and violent forms. If it be admitted that there has been a decided modification of the vice of drunkenness by the improving influences of intelligence, refinement, and virtue, and that the criminal view of the subject is being better understood and distinguished from its other aspects, and we have to do with it more as a disease, is there not good reason to hope for better results in the future? Sanitary boards, as they are constituted in our chief cities, tell us not a little about preventable diseases, and propose various means of prevention, and success seems to attend their efforts in proportion as the people appreciate and apply the recommendations of such boards. When inebriety shall be classified with other diseases, and Boards of Health and Commissioners of Hospitals and Charities shall act upon this fact, in the same spirit and with the same efficiency that they do with regard to other disorders, there will doubtless be a

corresponding improvement in the habits and lives of the people.

Dr. B. N. Comings of New Britain Conn., read an article on "Loss of Will-Power by Inebriates."

\* \* \* If we accept the theory that the will is that faculty of the soul or spirit by which we make choice between two or more objects, there is apparently no loss of power to will, on the part of the inebriate, for he does make a choice, and takes alcoholic stimulants by a most decided and positive preference. That this act of volition is on the side of wrong, only proves that with him the current of his thoughts and the strongest motions are in that direction, for volition is usually determined by the thoughts which are uppermost at any given time. An insane man, for instance, may be perfectly sane when his thoughts are engaged on any other subject than his prevailing mania.

In like manner the inebriate, when he has a special purpose to accomplish, or strong motives are presented to him, or his thoughts are strongly excited in another direction, can practice abstinence to an extent wholly inconsistent with his ordinary habits. Clearly, the freedom of the will is not based on the power to choose right in every instance, for then only those who choose the good and reject the evil would possess a normal condition of the will. We know, too well, that a determined and indomitable will-power is often exercised by men of the most depraved tendencies. The inebriate often pursues his life of dissipation with an obstinate and headlong persistency, against the dictates of his moral nature, in the face of the strongest protestations of his friends, and in defiance of the highest consideration in favor of his present and future good, and in disregard of the strongest motives that can possibly exist in favor of a better life. If he ever possessed it, he has lost the ability to hold before his mind and appreciate the motives which ought to govern him, and we can see no good reason for saying that he has lost the power of choice. \* \* \*

Referring to the theories of inebriety and plans of treatment, he said:—

We have represented in this Association two classes of reformatory institutions, viz., the asylum and home systems. In the asylum patients are received from points beyond the immediate neighborhood of the institution, and are retained in it until the work of reformation is supposed to be comparatively complete, though under this system a detention of from three or four months to two or three years is considered desirable. Under the home system it is found necessary to detain patients only a few days or weeks, but this short period is made effective by influences which secure the presence of discharged patients at the stated weekly meetings, and thereby these institutions are enabled to keep up a continued influence over their discharged patients. This seems to be essential to reformation, and is recognized both in the home and asylum system. In both the treatment is practically based on the two-

fold nature of the inebriate's malady, by administering to his physical and moral nature.

And yet we have two theories in regard to inebriety, viz., that it is a habit, and a vice, and should be so treated. The theory held by a considerable portion of the profession is that it is first a habit and then a vice, and ultimately results in disease, commonly called dipsomania, or alcoholism. Both theories are correct, to a certain extent. Physically, inebriety is first a habit, and finally becomes a disease. The period at which the diseased condition is established depends on hereditary predisposition and physical organization. So far as the moral nature is concerned, with but few exceptions, where it is used, individually or socially, it is a vice which is likely to terminate in moral ruin. Heretofore, the friends of temperance and religious organizations have attempted to reform the inebriate by treating intemperance as a vice, without any reference to the physical malady. The medical profession, from necessity, have only treated, in private practice, the physical disease. As we might anticipate, both have signally failed in their efforts for reformation and cure. The plan, recently introduced, of treating the inebriate in an asylum especially adapted to this class of patients is the only rational, as well as the only successful system. The favorable results already obtained in these institutions warrant us in the hope that inebriety will ultimately be treated as successfully as insanity, or any kindred nervous disease.

As at present conducted, the weak point in our treatment is a liability to overlook and under-estimate the paramount importance of reaching practically and deeply the moral nature of the inebriate. \* \* \*

Dr. E. C. Mann, of Ward Island, New York, read a paper on "Intemperance and Dipsomania as related to Insanity."

\* \* \* As a result of intemperance in the progenitors, we find transmitted to the offspring allied but different forms of neuroses. It may be dipsomania, epilepsy, chorea or actual insanity, or a proclivity to crime. It is, at all events, an aptitude for some form or other of nervous disorder, the particular form being often determined by causes subsequent to birth. The law of hereditary transmission applies equally to the victims of dipsomania as well as to the other insane classes, and is to be studied, I think, in three divisions, according as it is manifested. 1st. In mere predisposition or simple aptitude, the result of a defective organization and a weakened or diseased nervous system, as a result of which the possessor is predisposed or has a tendency to seek for the relief obtained by alcoholic stimulants, when laboring under any physical or mental depression. 2d. In the latent state or germ of the disease; and, 3d, in the actually developed disease. \* \* \*

Of the pathology, he remarked: We know comparatively little yet respecting the physiology and pathology of the central nerve system, and consequently comparatively little



information has been gained regarding the morbid histological changes which take place in the brain as a result of the use of alcohol. Such knowledge in this direction as we do possess shows that analogous changes in the structure of brain tissue take place in chronic alcoholism and chronic insanity, namely, atrophy and induration of the brain, and thickening and infiltration of the membranes. The nerve cells have also been found to be the seat of granular degeneration in some instances.

\* \* \* From my experience, dipsomania is far more troublesome to manage than simple insanity, and requires, I think, more perfect discipline, both moral and physical, than the latter. We have morbid cerebral habits and impulses to combat, and we must labor on systematically to enlarge our knowledge of cerebral pathology, if we desire to strike at the root of the disease and overcome it. In the treatment of inebriates we have primarily to build up and restore shattered constitutions and broken-down systems. We have a class of patients to deal with whose digestive powers are weakened, whose appetite is impaired, whose muscular system is enfeebled, and whose generative function is often decayed. The blood is impoverished and the general nutrition disordered. They are indirectly predisposed to the acquisition of nearly all diseases, as they have, by long indulgence in alcohol, lessened the power of resisting their causes. We have to deal with the results of a toxic poison, which has resulted in more or less pathological changes in the brain and nervous centres. We may also have to deal with various complications proceeding from the abuse of alcohol, such as cirrhosis of the liver, gastritis, epilepsy, various forms of dyspepsia, and, in some cases, Bright's disease.

Dr. George Burr, of Binghamton, New York, discussed "The Distinction between Disease, and the Morbid Anatomy of Disease, applied to Inebriety."

\* \* \* Injuries of the nerve trunks arising from gunshot wounds give origin to numerous abnormal sensations, "and in such a manner as to be lessened, exalted or perverted, so that we have, as results, hyperæsthesia, anaesthesia, and all the varieties of pain, with numberless sensations, for the describing of which language fails us."

The nervous apparatus of the inebriate may be regarded as in a condition not unlike the cases referred to. The changes may not be sensible to our observation, but a departure from a healthy structure exists, as in forms of mental disorder; and the consequence is, that false and unnatural sensations are perceived, wants inconsistent with the regular and healthful play of the economy are felt, and acts are resorted to self-destructive and fatal.

It is this condition of the nervous system, calling for alcoholic stimulants, that is essentially the disease. \* \* \*

This condition commences when the first inordinate desire is experienced. The intensity of this desire, whether it be mild or virulent,

does not change its character. The slightest departure from a normal appetite indicates the beginning of inebriety. The vomiting which often precedes an attack of scarlet fever is as much a part of that disease as are the inflamed fauces, or the eruption upon the surface. The same view should be taken in cases of diseased appetites. The first unnatural longing for drink is essentially of the same nature as the most inveterate and uncontrollable desire. The difference is only in degree.

The fully developed morbid condition is characterized by the most incessant desire for drink, by entire loss of self-control, and by all the debasing habits of the drunkard. Superadded to this condition, we have the consequences of indulgence, the effects of the poison upon the economy, and the lesions which alcohol induces, and which have too long been regarded, not as the morbid anatomy of inebriety, but as constituting, exclusively, whatever there was of disease in habits of intemperance. \* \* \*

The seat of the diseased appetites in inebriety is, of course, in that portion of the sensory apparatus which conveys sensations of hunger and thirst. Where that is, in the opinion of the larger mass of physiologists, is somewhat problematical. The latest and most probable view that has been taken is, that it is not located in any particular ganglion or plexus, or in any nerve of special sense, but that the call is general, like that of the respiratory sense, the *besoin de respirer*, coming from all quarters, perceptible in the remotest capillary as well as in the solar plexus, the mucous membrane of the stomach or that of the pharynx. The sensation of thirst is the expression of the economy, felt in its every ramification, of a deficiency of fluid material, and the demand is made from every region for more—for water. When disordered or perverted by disease, a hallucination is perceived; alcohol is required, and the diseased system is no more satisfied without it than when in a state of health it could dispense with water. \* \*

Dr. T. D. Crothers, of Albany, New York, read a paper of some length on the "Etiology of Inebriety."

\* \* \* The phenomena of this disorder range over the entire field of mental pathology, and embrace causes and conditions which, if rightly understood, give promise of more satisfactory results in treatment than in any other physical or mental disease.

A study of the particular causes indicate three classes or groups.

First. Inherited causes, direct or indirect, including the diathesis or cachexia.

Second. Such general causes as produce inebriety, in common with other insanities.

Third. Conditions and circumstances which particularly favor the development of inebriety.

\* \* \*

Previous diseases are also active causes. Dipsomania, erotomania or monomania, belong to epilepsy in some of its obscure forms, as natural stages in its progress. Cerebral epilepsy,



with its disordered fancies, auras and impulses, ending in apparent recovery, only to be followed, after a time, by a repetition, closely simulating the impulsive drunkard. The connection between inebriety and epilepsy is far more intimate than we are aware. Affections of the heart, either organic or nervous, and low chronic hepatitis, predisposing to hypochondria and melancholy, very often precede this affection. Neuralgia often ends in this way, by disturbing the mind centres and its equilibrium. Gout suppressed has brought on inebriety, but when it returned drunkenness declined. Intermittent and malarious fevers have been followed by this disorder, and the medical attendant has been blamed for causing it, by prescribing stimulants. Persons suffering from acute rheumatism, after the severe symptoms have subsided, have exhibited the same affection. Diseases of the skin and renal disturbances have been noted as preceding drunkenness. \* \* \* \* \*

An unbalanced mind resulting from a misdirected education is the common cause of inebriety. Where the laws of growth and elementary power are untaught, and the child grows up without any purpose or object in life, the faculties undisciplined, the appetites and tastes indulged, no system, only the gratification of the physical wants, no particular knowledge, the love of excitement constantly stimulated, and self-esteem encouraged; add to all this predominant passions, extravagant and capricious desires, and drunkenness is almost sure to follow. The present system of cramming and over-stimulating children, in the study of imperfect text-books, in worse surroundings, lays the foundation for both physical and mental dyspepsia, hypochondria and dipsomania. Two-thirds of our graduates leave the schools with unnatural and perverted tastes, feeble will-power, and ignorant eccentricities, strongly predisposing them to inebriety; all they need is the exciting cause; the fertile field is prepared to receive it. The perpetuity of the race depends upon the education received, from both school and parents. If the child grows up surrounded with unnatural morbid influences and ignorant indulgences, and worse school education, its ruin is inevitable. \* \* \* \* \*

All unhealthy mental, physical and social surroundings, continuous excitement, and dark, damp, low places of residence, are noted for the inebriety which springs from them. Whatever climate or season, combined with external causes, checks or perverts the normal development of mental or physical life, becomes the exciting cause of inebriety, insanity and imbecility. \* \* \*

Unsanitary conditions, of every description, react first on the nutritive functions, then on the will-power. I believe further study will show that the nutritive perversions of inebriates frequently begin in imperfect oxidation of the blood and the inhalation of noxious impurities. In this respect our reformatories, asylums and prisons are criminally wanting. To attempt reformation or treatment in damp

cellars, or rooms badly ventilated, is to ignore the predisposing causes, and fix and intensify the derangement. Cases are on record of men confined for a few months in a prison, previously temperate, who, on coming out, became furious drunkards. The New York State Prison Association mentions this fact, and the explanation is evident in the poor quality of food, and bad, unhealthy surroundings, strongly favoring this termination. The almshouses and poor-houses of the country furnish confirmatory evidence. Children and young people, who have by any misfortune been confined in them, may be said to have, as a rule, decided tendencies to drunkenness. Older people, past the middle of life, who come to these places, go away with the same perversions. Cellar occupants and those of tenement houses (where nearly all the conditions of health are wanting) are inebriates as a rule; separate them from these baneful influences, and reform or recovery follows naturally, in many cases. Working rooms, such as factories and shops, are often nuclei for the same causes. Sleeping and living rooms may present conditions which bring on disturbed nutrition, and then the train of causes is put to work. The sympathy between the stomach and brain is so intimate, and the changes which take place so obscure, that inebriety may break out as the result of long and continuous abuses of the surroundings. \* \* \* \* \*

A brief summary may be indicated as follows:—

1. Inebriety or dipsomania, as a mental and physical disease, always is preceded by some special condition, circumstances, or event, or alteration of structure.
2. As in other diseases, the causes are numerous and complex, either acting alone or together, increasing or diminishing, depending upon conditions not well understood.
3. Its hereditary character and diathesis present many positive indications, which forecast its progress, and render its study a practical necessity to every student of science.
4. As a stage or symptom of other disease, or a sequence, its causes and progress may be more obscure, but they have certain definite beginnings and endings, which a more accurate study will reveal.
5. As a disease of accident or coincident, and circumstances or surroundings, its history and growth may be anticipated at every stage, and its result foretold with certainty.
6. Inebriety affecting the nutritive functions first, and after that the mind, or vice versa, offers the widest field for research, and its pathological and therapeutical relations extend over the entire realm of social and mental science.

The *Half-Yearly Compendium of Medical Science*, for January, 1876, is now ready. It contains a carefully selected series of articles, none of which have appeared in the *REPORTER*, treating of all branches of the theory and practice of medicine and surgery.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### The Ether Spray as an Anæsthetic.

In the *Lancet*, Mr. Thomas Moore, M.R.C.S., recites the following case of excision by the scissors under ether spray:—

A maiden lady, aged sixty-four, came, on September 9th, from a town fifty miles distant, to place herself under my care. She was suffering from a very hard scirrhus tumor of the left breast, rather larger than a turkey's egg, which she had first noticed eight months before, when it was as large as a walnut.

On the 14th of September the operation was performed as follows:—First a spray of common ether was directed on to the breast for five minutes; then two sprays of anæsthetic ether were directed—the one by Mr. Cross, and the other by our assistant, Mr. Bayfield—on either side of the tumor, for five more minutes, until the whole breast was frozen quite hard. I then, after making an angular cut in the skin at the outer margin of the tumor, carried the lower blade of the cutting-scissors deeply down through the breast until it appeared to rest upon the pectoral muscle. Then, keeping this blade as deep as possible, I easily cut the lower flap, about an inch from the tumor, with three or four strokes of the scissors. The upper flap was cut as easily. I next thrust the fingers and thumb of my left hand deep into the wound, and, grasping the tumor firmly, raised it as far as possible from the pectoral muscle. It was then easy to detach it with a few strokes of a pair of tooth-edged scissors. The operation so far was completed in less than three minutes from the time of the commencement of the first incision, and was attended with very little loss of blood. When the spray was withdrawn there was some hemorrhage from three small vessels in the tissues which had been cut by the sharp-edged scissors, two of which were treated by torsion, and the other tied with silk, the ends of the ligature being cut off short. The edges of the wound were brought together by six sutures, and each of the twelve spots through which the needle was passed was previously separately frozen by the spray.

My patient, who declared beforehand that she was extremely sensitive to pain, gave very little indication of having felt any during the operation, and said afterward that "it hurt her, but not a great deal." That her estimate of her extreme sensitiveness was correct (and indirectly the success of the anæsthetic) was proved by the fact that, during the introduction of one of the sutures through a part of the skin which had been accidentally insufficiently frozen, she cried out loudly, and declared that this "hurt her worse than all the rest put together."

The wound, which was dressed with oiled lint and cotton-wool, united by first intention, except in a spot where I had made a slight notch at the junction of two cuts of the scissors, and at the place of the first incision; but there never was more than just enough discharge to moisten the dressing, and that was entirely dried up by the sixteenth day. The patient was confined to her bed for one day, and to her bedroom and an adjoining sitting-room for a week.

The scissors used for making the first incisions were ordinary "elbow-scissors," with the blades inclined to the handles at about a third of a right angle; those for making the deeper incisions were tooth-edged and slightly curved "on the flat of the blade."

#### Morphinism and its Management.

Dr. Lewinstein, as we learn from the *London Medical Times and Gazette*, has given the name of morphinism to the effects of chronic poisoning by this drug. The diseased condition thus produced, he observed, although it has become developed only within the last decennium, has assumed an extension which threatens to become formidable. With the exception of the induction of fatty degeneration, in all its main features it greatly resembles the condition induced by chronic alcoholic poisoning, so that there is even a delirium tremens morphi, analogous to the alcoholic delirium. While alcoholism especially affects the lower grades of society, however, the victims of the morphia disease are found amidst the circles of the educated. By reason of the abuse of this drug, grave disturbances in the functions of the entire nervous system are induced; and the original causes of the production of this diseased condition, and of its extension, are the doctors themselves, who have accustomed patients to resort to the use of injections for the relief of painful affections of more or less short duration.

Examining a long series of cases, Dr. Lewinstein finds that scarcely 25 per cent. recover, the greater portion relapsing. In two cases death followed on the marasmus that had been induced, two were terminated by suicide, and five became drunkards. The treatment of the affection chiefly consists in the withdrawal of the morphia, and this is best effected suddenly rather than progressively, the economy supporting an energetic procedure of this kind more easily than one more gradually conducted. The treatment of such patients requires much personal devotion on the part of practitioners, and is a difficult and thankless task. In the worse cases of this kind the deprivation of the morphia is not possible, unless they can be

treated as prisoners. Complete isolation is then necessary, as is constant watching by educated persons inaccessible to bribery. Windows and doors must be carefully closed against the outer world. Articles of clothing, the furniture, and cupboards must be repeatedly examined; for it is characteristic of these patients that, even when they enter an establishment voluntarily, to be cured of their propensity, they bring with them a good supply of morphia and several syringes! All promises, the most solemn assurances, and the word of honor given by these patients, should be distrusted by their attendants. The morphia disease depraves the character of its subjects, and the best educated and most intelligent persons do not hesitate to resort to any means of deception in order to conceal the morphia they have or to obtain a new supply. If the physician be energetic, watches his patient without intermission, and has honest attendants under his control, the worst part of his task is over at the end of the first week. Twelve hours after the deprivation of the morphia a collapse usually ensues, and the patient may be allowed to keep his bed. If he passes over the first forty-eight hours without moaning and repining, and is able to eat, while his countenance seems fresh, he has, in spite of all his denials, obtained a supply of morphia; and the persistence of contraction of the pupils, with the absence of diarrhoea, will soon confirm any suspicions that may be aroused. During the first six days, the patient should not be debarred the use of strong and stimulating wines; and even women then require large doses of alcoholic drinks. Prolonged baths may be employed for the relief of neuralgia or for promoting rest at night, and if too great collapse does not exist they may be accompanied with cold douches. The diarrhoea which always ensues immediately on the arrest of the morphia, if it become exhausting, may be treated by large enemata of blood-warm water.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—The excellent article by Dr. Lewis A. Sayre, in the *Transactions* of the American Medical Association, on Spinal Anemia, with Partial Paralysis and Want of Coördination, from Irritation of the Genital Organs, has been reprinted in pamphlet form. Application may be made to the author.

—The "Journal of Mental and Nervous Disease," formerly published in Chicago, will hereafter appear from the well-known house of G. P. Putnam's Sons, New York city. It will also be increased in size, as compared with the former volumes, each number containing from

160 to 200 pages of closely-printed matter. Corresponding to its increase in size, the subscription price will be increased to five dollars per annum, or one dollar and fifty cents a number. A number of minor changes will be made in its arrangement, which will all contribute to render it more attractive and useful than before.

—The Series of American Clinical Lectures, edited by Dr. E. C. Seguin, contains in the last two numbers a lecture by Dr. H. C. Wood, Jr., on the Diagnosis of Diseases accompanied with real or apparent Paraplegia without marked Muscular Degeneration, and one by Professor Flint, Sr., on Pneumothorax.

—Professor William A. Hammond has added another to the list of his original observations in histological pathology, by an article on Pigmentary Deposits in the Brain resulting from Malarial Poisoning. It is reprinted from the *Transactions* of the American Neurological Society, 1875.

—*Scribner's Monthly* is one of the most welcome of our exchanges. The illustrations are the best of the art, and Dr. Holland is certainly one of the most successful of editors. His serials are of unrivaled interest. Every family should have *Scribner's Monthly*.

—*Littell's Living Age* grows better every year it lives—a truly living magazine. It fills a place in the literature of a family that no other publication can supply. Published by Littell & Gay, Boston, Mass.

—Dr. Lenox Hodge has published, through Lindsay & Blakiston, of this city, a "Note-Book for Cases of Ovarian Tumors and other Abdominal Enlargements." It is a pamphlet of thirty-six pages, with diagrams and blank forms, and will be found very useful.

—"Hermaphroditism, from a Medical Point of View," by Basile Poppesco, is the title of a Paris thesis, translated by Dr. E. W. Sawyer, and published by Keen, Cooke & Co., Chicago (forty-five pages, price fifty cents). It is thorough, and the translation has rendered the original with spirit and accuracy.

—We have received—

Twenty-third Annual Announcement of the Medical Department of the University of Vermont.

Report of the Gynecological Hospital, Philadelphia.

Report of the Nebraska Hospital for the Insane.



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**THE PHYSIOLOGICAL ASPECTS OF RELIGIOUS  
EXCITEMENT.**

One of the tasks which an enlightened hygiene sets before us is the subordination of the passions and emotions to the intellect, which is, physiologically speaking, the subjection of the other nerve centres to those of the hemispheres of the brain. Professor Dalton lays it down, in the last edition of his treatise on Physiology, as a well-ascertained fact, that these hemispheres, even in man, are not indispensable to life. Their function is that of *conscious intelligence*, and through this mental faculty man reaches that superiority to other animals of less developed cerebra which gives him the command of the earth.

Sensation and passion are located, for their physical seats, at the base of the brain. They are possessed by man and brutes as a common heritage; and his endeavor should be to hold them ever under subjection to the self-conscious reason. Just in proportion as he does so, does

he benefit himself and others, lengthen and enrich his life, purify and clear his ideas. The progress of civilization is marked by a decadence of violent emotions. Revenge, such as that which maintained the hereditary feuds of the Middle Ages, is now hardly known. Castren tells of the Lapps and Finns, that when one makes a sudden, sharp noise, the whole company may fall into convulsions. Epidemic hysteria, or some such neurosis, swept off whole villages of the North American Indians. Seized by it, they burned their huts in midwinter, wounded and slew each other, and sank exhausted, to perish of cold.

In the contemplation of the numberless examples of the injuries worked by allowing the emotions to get ahead of the intellect, the inferior nerve functions to overmatch the higher, lies the objection which physicians as a body entertain to religious revivals. It should be maintained by all physicians, as a maxim abundantly confirmed by experience and consonant with sound physiology, that no good can come, in the long run, from emotional storms. The first duty of every reasonable being is to cherish, beyond all else, that faculty of reason, by which alone he is able to distinguish the true from the false, correct from incorrect statements. The "Spirit of Truth" is the bequest which was left to the Christian by Him from whom he receives his name, and no one should teach in a way to darken or diminish this glorious power.

Religion has at all times appealed to the emotions, and should continue to do so. But the wild Bacchic chants and dances, the orgiastic tumults which marked pagan ceremonies, never purified its theories. Neither did the intense fanaticism which Mohammed knew how to inspire. Not any more do the shouts and yells, the nervous spasms, the floods of tears, and neurotic seizures which we personally have witnessed at camp-meetings and revival services. Such displays are as much against sound hygiene as sound religion.



Some have said that such subjects are not proper to discuss in scientific circles. We maintain that they are, and that it is the bounden duty of every medical man, as a member of a body who have in charge the public health, to study up the subject, and to express his opinions. A man who is afraid to talk on religious subjects either has no clear views and is superstitious, or else, having them, he is afraid they are not true.

The revival which took place last summer in England has attracted, and properly, the attention of physicians. Its most satisfactory feature is, that it has been attended with less of that "wild-cat religion" which used to be so familiar in the Western States. Just in proportion as this objectionable feature is reduced, will its effect be beneficial. There are several counties in Central New York now called among circuit preachers the "burnt-out district." It is impossible to get up any religious enthusiasm there. The reason is, that some twenty years ago there occurred in that district one of the most violent emotional revivals on record, and since then all real religious fervor is "played out."

Dr. George H. Savage, assistant medical officer of Bethlehem Hospital, has collected the cases admitted into that institution during the four months of the "Moody and Sankey" services, and compared them with the admissions during the same months of the two previous years. There was an increase in the number of admissions during 1875, and three cases were thought to be traced to the excitement of the late revival; but Dr. S. adds:—

"I cannot say that I see grounds for supposing many cases were rendered insane by the recent revivals. Many persons were no doubt upset for a few hours, rendered very wretched, and for a time determined to lead a different life. The good done is not for me to discuss; it may have been small or great, temporary or permanent; in the majority of cases, the storm was of short duration, and did little harm."

Dr. S. thinks that, though religious revivals

do small harm to the able-minded, there is danger to those who are weak; but, of course, as much as this might be said of any cause of mental excitement. He remarks:—

"A person of weak mind may change his creed, and finally become a religious lunatic. We have at present two cases of men who have changed from Protestantism to Roman Catholicism just on the eve of an outbreak of insanity. The history of one is interesting, as it is that of many similar cases. A. T., the son of a Church of England clergyman, single, aged twenty-five, whose mother is insane. He was precocious, and had the vices of a man before he was seventeen. He wasted his own money and that of his friends, and was a 'black sheep.' He becomes contrite, or I would say melancholy, becomes a Romanist, and wants to be a priest. He is emaciated with fasting and self-abuse, and restless, constantly repeating some such word as 'immaculate.' He may be considered in an ecstasy by some. We look on him as an acute maniac."

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### CHLORAL IN OZÆNA.

At a meeting of the Société de Thérapeutique, M. Créquy strongly recommended chloral as an injection in ozæna, in the proportion of two parts to 250 of water. He places a caoutchouc tube in the vessel containing the solution, and, raising this above the patient's head, allows the fluid to pass into the nose by siphon action. Several members of the Society testified to the utility of the solution as an application in scrofulous and fetid ulcers, in the eschars produced by decubitus, etc.

#### TEETHING APPLICATION.

The following is recommended in cases of painful dentition:—

R. Syrup of tamarinds, ʒijss  
 Infusion of saffron, ʒij  
 Honey, ʒijss  
 Tinct. (essence) of vanilla, gtt. iv. M.

Rub gently over the gums with the finger or rag. An application of a similar character is the following:—

R. Saffron (powdered), gr. iv-vj  
 Honey, ʒij-ijj.

Glycerin may be substituted for the honey.

**Ergot of Rye as an Antipyretic.**

M. Hayem reports, in the *Revue de Thérapeutique*, a trial of ergot of rye in cases of enteric fever, with the object of lowering the temperature. The results he has obtained have been very satisfactory, and its employment in this disease seems to him preferable to that of sulphate of quinine or of digitalis. Under the influence of ergot there is much more rapid deferescence; and at the period of the acme, instead of there being a rise in the temperature chart, a plateau is obtained. In some cases in which the ergot was only given during the day, the evening temperature was not so high as the morning. The dose varied from thirty to fifty grains in the twenty-four hours.

**The Eucalyptus Globulus in California.**

Dr. L. D. Morse, of San Mateo, California, sends us some leaves of the Eucalyptus, grown in that locality. He writes, December 30:—

I enclose specimens of the leaves of the eucalyptus globulus. These specimens are from the same tree. For the first two or three years' growth, to the height of eight to twelve feet, the leaves are broad-ovate, cordate, nearly or quite opposite, without petioles, almost clasping, glaucous. The later growth, above the height named, the leaves are always alternate, somewhat falcate and smooth, as you will see in the specimen. It is evergreen, and appears odd and peculiar

**CORRESPONDENCE.****Typhoid Fever Probably Caused by Infected Milk.**

ED. MED. AND SURG. REPORTER:—

Some time ago an article appeared in the London *Lancet*, showing that it is highly probable that typhoid fever may be spread by milk exposed to the emanations of typhoid fever patients. As further evidence in the same direction, I communicate the following:—

In the month of August last, a young man, sick of typhoid fever, was brought to his father's house from Philadelphia. The fever has prevailed at this house up to this date, with intervals of a few weeks between some of the cases, five in all, of which one died on November 22d.

On November 26th, I was called to my first case outside of this family, and from that date I have seen about twenty-five cases, occurring in about twenty different families, and spread along a narrow tract two miles long.

Every one of the families had been supplied

with milk obtained at the first-mentioned place. There had been no epidemic before the case was brought from the city, and there has not been a single case in the neighborhood where other milk was used.

On investigation, it was found that the washing of this sick family who sold the milk was done at the spring-house where the milk was kept prepared for sale. The clothing of the sick and of the one who died was washed in the same boiler as were the pans and cans in which the milk was kept and served. The clothing lying around before being washed may have been another source of infection. The sale of this milk was stopped, and there has not been a new case for about two weeks.

S. P. BARTLESON, M. D.,

Kellyville, Pa., January 11, 1875.

**The Atmosphere in Antiseptic Surgery.**

ED. MED. AND SURG. REPORTER:—

In a recent editorial article you made the assertion that it is an object in the surgical dressings of Prof. Lister "to protect wounds from the atmosphere;" but afterward, in reply to a communication of mine, correcting the erroneous impression likely to be produced, you made the statement that you meant solely protection from germinal matter contained in the air. A communication from Dr. Sibbet has since made confusion worse confounded, by reasserting the original apparent error. Dr. Sibbet states:—

1. That Prof. Lister's dressings do not allow of contact with the air.

2. That the antiseptic gauze does not allow of atmospheric permeation.

3. That Prof. Lister attempts to actually exclude the atmosphere by carbolic spray.

Now, I will show that all these statements are absolutely erroneous. Dr. Sibbet and myself have witnessed Prof. Lister's practices in dressing wounds, and as the subject is now a matter of evidence, in which Dr. S. is surely as credible a witness as I am, we will allow Prof. Lister to speak for himself. It will be sufficient, to avoid repetition, to give a few quotations of Prof. Lister's own expressions.

In the *Edinburgh Medical Journal*, August, 1871, he says:—

"While speaking of the advantage of gauze, there is one other to which I cannot forbear alluding. If you apply this mass of air, consisting of thirty-two layers, closely to the face, you find that you can breathe freely through it, as through a respirator. Hence, one great advantage of this dressing will be that it will deprive those who discuss the antiseptic treatment of all excuse for speaking of it as operating by excluding the air. We do not exclude the gases of the atmosphere at all, but adopt efficient means to destroy the energy of its floating germs."

In the *British Medical Journal*, July 18th, 1868, Prof. Lister remarks:—

"If any one believes that putrefaction, through atmospheric influence, is due to the operation of the atmospheric gases alone upon the putrescible materials, he will be perpetually meeting with the most perplexing anomalies, and will be liable to

commit the most serious practical blunders; the truth being that, on the one hand, the most complete exclusion of the gases of the air affords no security against the occurrence of putrefaction, and that, on the other hand, the freest admixture of air into the putrescible contents of a wound or abscess will fail to induce putrefactive changes, if the germs of that air have been removed by filtration or deprived of vitality by a germ poison."

As to the idea of Dr. Sibbet, that Prof. Lister "uses the carbolic spray to exclude the atmosphere," I will merely remark, that the spray is merely the atomization or pulverization of an aqueous solution of carbolic acid in the atmosphere.

Although I use antiseptics in my surgical practice in the Pennsylvania Hospital, yet I do not attempt to follow Prof. Lister's methods, nor have I fully adopted his views; but, as far as is practicable, do make efforts to prevent putrefaction in wounds. I recognize the fact that putrefaction is one of the most active elements in the production of inflammation and its consequences; and without being able to decide the question whether the cause of putrescence is *germinal* or *chemical*, I am convinced of the value of antiseptics in its prevention.

Philadelphia. R. J. LEVY, M. D.

#### Remarkable Case of Paralysis with Aphonia.

ED. MED. AND SURG. REPORTER:—

A brief account of the following singular case may interest your readers. Mr. Frederick Luke, of Woonsocket, Rhode Island, aged about 40 or 45 years, was affected about twenty years ago with some obscure spinal disease, which at the end of one year left him entirely speechless. This was accompanied by intense hyperaesthesia, extending over the whole surface of the body, so severe that even the weight of any article of clothing was utterly unbearable.

In this condition he was compelled to remain for a long time, but was finally enabled to resume a part of his clothing. During this time his only covering was a small strip of cloth thrown about the loins. At the time he was deprived of his voice, he was affected with loss of power over the muscles governing locomotion, and was obliged to go about upon his hands and knees. This also lasted until some time ago, when he regained this power sufficiently to enable him to walk in the erect posture, occasionally, however, touching a hand to the floor or ground.

Conversation he carried on by means of various signs and a child's alphabetical card, from which he spelled each word. Before he permanently lost it, his voice was in the habit of instantly leaving him, returning again in a few minutes. He has had constant dyspnoea, which was greatly increased when in the recumbent position, so that he has not slept upon a bed for years, only catching sleep while sitting in a chair, standing, or otherwise. In winter he breathes much more freely, but in summer, or damp weather, it is very difficult, and accompanied, he says, by bleeding from the stomach.

On the 29th of December last, about one o'clock in the morning, he felt a terrible pain, extending over the chest, and accompanied by a violent fit of coughing, at the end of which, strange to say, he spoke aloud. He found himself uttering his own thoughts.

He retains control of it up to the present, but it is still hoarse and feeble, although improving gradually. As yet, it requires some little effort to speak properly. During his sickness he was variously treated by a number of physicians, but without avail. What their diagnoses were, or what treatment was instituted, I am unable to say.

So far from this being a mere newspaper report, I will say that I am acquainted with the gentleman, and know it to be a fact.

Philadelphia, Pa.

F. L. WEIR, M. D.

## NEWS AND MISCELLANY.

### Philadelphia County Medical Society.

The next conversational meeting of the Philadelphia County Medical Society will be held Wednesday, January 26th, 1876, at 8 o'clock P. M., at the hall of the College of Physicians. Dr. A. D. Hall will read a paper on "Peeps at Cerebral Pathology, through the Ophthalmoscope." The profession is cordially invited.

### Suicide Statistics.

In New York, last year, the number of self-inflicted deaths, so far as actually known and reported, was 143; or nearly the Paris average, allowing for the difference in the population of Paris and New York. Much the largest number, fifty-three, sought death by poison. Commenting thereon, the *Hartford Times* observes:—

"It is strange to note how many take this dreadful method of getting out of a world of misery or something worse, and stranger still to note that in so many cases the kinds of poison selected are those which produce intense and sometimes protracted agony. We are not sure that even the supposed quiet lapsing into sleep, and unending stupor, for which laudanum is sought by some persons contemplating suicide, is quite what it has been supposed to be; the swollen veins, the darkened face, the stertorous breathing, all may bespeak a condition of peaceful unconsciousness; but they certainly seem to indicate a state of suffering, smothered and obtuse it may be, but suffering of some kind, nevertheless.

"The quicker death by the bullet, usually by the pistol-bullet in the brain, allured no fewer than forty of these 'rashly importunate' seekers after annihilation. They seem to have made sure work of it; but several cases during this same year 1875 seem to compel doubt as to the previously established belief that a bullet in the brain must virtually always prove

fatal, and quickly fatal. Even the pistol (except in the hands of a very well-informed and cool person) cannot be relied upon by the would-be suicide."

#### The British Medical Defence Association

Has been in existence for about a year. A meeting was held lately, in London, with Dr. B. W. Richardson in the chair, when the objects of this Association were explained. The main object seems to be to get more power from Parliament, in order to ensure shorter and easier methods of "putting down quackery." Dr. Richardson "understood that the promoters aimed at the suppression of unqualified practice, quack medicines, indecent publications, bogus diplomas, and improper alliances of qualified and unqualified men; that they wished to protect medical men from vexatious prosecutions, and to prevent the registration of 'non-certified' deaths, to correct the abuses of out-patient practice at hospitals, to devise a fair tariff of medical fees, and to give medicine a firmer political basis in the House of Commons."

#### Stauffer's Hard Rubber Instruments

Sold through this office, in 1875, in larger numbers than in any preceding year, and from reports received, seem to have given universal satisfaction. They are very carefully made, and deserve the full confidence of the profession.

#### Personal.

—The article on page 38 of this volume was by Dr. A. F. Carr, New Hampshire, not A. T. Carr, Maryland, as the type had it.

—Dr. O. F. Cobb was sentenced at Troy, N. Y., January 12th, to imprisonment in the penitentiary for six months and a fine of \$50, for improperly disposing of the remains of two dead infants.

—Medical Inspector Dr. John Mills Browne, U. S. N., attached as fleet surgeon to the flagship Pensacola, of the North Pacific squadron, has been elected Masonic Grand Master of the State of California.

#### Items.

—Dr. Donolly, of Doddville, N. C., reports a severe epidemic of influenza and catarrhal fever in that district.

—The semi-annual meeting of the Southern Illinois Medical Association took place at Cairo, January 19th and 20th.

—The Adams County (Pa.) Medical Society met January 4th, at Gettysburg. Dr. J. W. O. O'Neal presented a history of the Gettysburg Katatysine Spring, with a recital of its medicinal powers and a comparison with celebrated waters abroad.

—The New England Psychological Society is the name of a new organization started by Dr. B. D. Eastman, of the Worcester Lunatic Hospital, and embracing the superintendents of similar institutions in the New England States. Pliny Earle, M. D., of the Northampton Lunatic Hospital, is the President, and Dr. Eastman the Secretary and Treasurer.

#### QUERIES AND REPLIES.

Dr. M. B., of Ind.—No monograph on sea-sickness has appeared lately. Articles on the subject may be found in *REPORTER*, Vol. xxxii, pp. 156, 291.

Dr. J. E. S., of La.—Ashhurst, "Injuries of the Spine," \$1.50; Winalow, "Disease of Brain," \$4.25; Jones, "Nervous Disorders," \$3.25.

#### OBITUARY.

##### DR. SAMUEL GRIDLEY HOWE,

Whose death was recorded in our last number, was born in Boston, November 10th, 1801. He graduated at Brown University in 1821, and at once qualified himself for the medical profession. In 1824 he joined the Greek army as military surgeon. During the famine which visited that unhappy country at the close of the war, Dr. Howe procured large supplies from the charitable in this country, the distribution of which he superintended in person. He left the country in 1830, and he witnessed the revolution of July at Paris, and that which subsequently broke out in Brussels. He returned to this country in 1831, and at once connected himself with the Boston Blind Asylum. Subsequently he returned to Europe, when he became President of the Polish Committee at Paris, and rashly undertook to convey funds for the relief of the Polish detachment which had crossed into Prussia. While thus engaged, he was arrested and thrown into prison, where he remained for six weeks. Upon his release he returned to Massachusetts. In 1848 he took an active part in founding the experimental school for the training of idiots. In 1871 he was one of the members of the commission appointed by President Grant to explore San Domingo, and report on the question of its annexation. Dr. Howe published numerous pamphlets, addresses, and appeals, a historical sketch of the Greek revolution, and other works. He had not been well for several years, and after his return from San Domingo he felt the old symptoms gradually coming back upon him, and as he was more than seventy years old the burden was as much as he could bear. He spent last summer on his estate in Rhode Island, returning to South Boston in October. All this time the vital forces were wasting to a great degree, and finally resulted in softening of the brain, the immediate cause of death.

#### MARRIAGES.

CLARK—CAMERON.—On the 18th instant, at Grace Church, by Rev. William Suddards, D. D., Dr. Paris G. Clark, of Guilford, N. Y., and Josephine R., daughter of the late Eli Cameron, of this city.